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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
September 10, 2014.

I hereby appoint the Honorable JOHN J. DUNCAN, Jr. to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2014, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 11:50 a.m.

AFFORDABLE CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, I have stepped away from a Ways and Means Subcommittee on Health to come to the floor. The purpose of that hearing is once again to attack the Affordable Care Act, criticisms of CMS, and to lay the foundation for the Republican goal of repealing the Act entirely.

I have frankly lost track of the number of attempts to repeal the bill.

Fifty? Sixty? You know, it really doesn't matter. The Affordable Care Act is here to stay and will be throughout the tenure of President Obama.

Despite some difficulties in its implementation, the President is justly proud of the health care reform as a signal accomplishment of his administration. Many of the problems that we are facing in the implementation of the act have been as a result of Republican intransigence.

Remember, despite the fact that the legislation embodies most of what had been bipartisan principles—indeed, those strongly advocated by Republicans over the last 20 years or more—there was unrelenting opposition.

Republicans in the Senate refused to cooperate and refused to legislate, denying the 60-vote threshold necessary to move the bill forward. As a result, the bill was adopted through a process called reconciliation, where you just melded the two bills together.

The result was not a bill that anybody would have designed, but it easily could have been made better, should our Republican friends have chosen. Instead, they have continued this unyielding assault.

Even without their assistance, the results are pretty remarkable. We have the lowest rate of medical inflation in years. The Congressional Budget Office has consistently now been lowering the long-term cost estimates for Medicare.

This is probably the most powerful evidence yet that we are getting runaway health care costs under control, which was and remains the greatest single threat to the fiscal stability of our country.

We have been doing much more than merely controlling costs. There are more than 8 million people with marketplace insurance, and about three-quarters of them receive tax credits to help reduce the cost. Six million low-income people have been enrolled in Medicaid. Another 6 million children

have been able to stay on their parents' health plans.

129 million—Americans, I daresay that includes most of us in Congress—can no longer be denied care because of preexisting medical conditions.

As I said, there is lots that can be done to improve the system. Today, I had a chance to address the Case Management Society of America about one of them. Congressman PETRI of Wisconsin and I have introduced a transitional care benefit that would greatly reduce the chance of hospital readmissions that are not just costly, but they represent a failure to deliver health care to our citizens and reduce the stress and strain on families with loved ones who have left the hospital. This could save billions of dollars and frankly doesn't remotely depend on whether or not you support ObamaCare.

Another great example is legislation that Dr. PHIL ROE of Tennessee and I have introduced, dealing with the Federal Government finally placing a value on the conversation with patients and their families for conditions surrounding the end of life.

There is value-based insurance, which I am cosponsoring with Representative BLACK of Tennessee. Representative ROSKAM of Illinois has the PRIME Act to deal with Medicare fraud. Representative GERLACH of Pennsylvania for several years has had legislation for a secure access card.

The list of opportunities is long and represents an extraordinary chance to build on reform, not just a futile effort at undermining it.

Someday, the American public is going to insist that we grow up and do our jobs, and there would be no better place to start than in building on the promise of health care reform not just to save money, but to improve the lives of Americans of all ages.

The hypocrisy here is breathtaking: refuse to legislate and then attack it for its faults; starve the IRS and CMS

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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